

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014451

STATE FILE NUMBER

FILED MAY 13 1959

Registration District No.

290

Primary Registration District No.

Registrar's No.

47

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tavern. Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Crocker, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		Length of stay in lb life.	d. STREET ADDRESS (If outside, give location) Rural Rt. # 3.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jack. Middle Thomas. Last Thompson.			4. DATE OF DEATH Month April Day 28 Year 1959		
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 21, 1898		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Laborer.	11. BIRTHPLACE (City and state or country) Crocker, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charley Patrick Thompson		13b. MOTHER'S MAIDEN NAME Ruah LaVada Shelton.		14. NAME OF HUSBAND OR WIFE Rachel. Lois Thompson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-16-8594		17. INFORMANT Address Rt. # 3. Rachel. Lois Thompson. Crocker, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 3 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ✓			
20c. TIME OF INJURY Hour 12:15 Month, Day, Year April 20, 1959 a.m. 12:15 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓		20f. CITY, TOWN, OR LOCATION Crocker, Missouri		COUNTY Pulaski STATE Missouri	
21. I attended the deceased from April 20, 1959 and last saw him alive on April 28, 1959 Death occurred at 12:15 P. on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE John A. Mikalovich (Degree or title) B.O.		22b. ADDRESS Crocker, Missouri		22c. DATE SIGNED 4/30/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/30/59		23c. NAME OF CEMETERY OR CREMATORY Mt. Union Cemetery.	
23d. LOCATION (City, town, or county) Brumley, Mo. Rural.		23e. DATE RECD. BY LOCAL REG. 4-30-59		23f. REGISTRAR'S SIGNATURE Charles E. Anderson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

7-20-17 AM

IND SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Clarence Thorse

Licensed Embalmer No. 4896
P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.